



PLAN REVIEW APPLICATION

CITY OF LONGVIEW

APPLICANT / ARCHITECT FIRM: _____

CONTACT NAME: _____

ADDRESS OF APPLICANT: _____ ZIP _____

PHONE NUMBER: _____ FAX _____

PROPOSED PROJECT SITE: _____

PROPOSED ESTABLISHMENT: _____

DESCRIPTION OF WORK: _____

TOTAL ESTIMATE PROJECT VALUE: _____

PLAN REVIEW APPLICATION IS TO BE ACCOMPANIED BY TWO (2) SETS OF DRAWINGS, 1 CD IN PDF FORMAT AND ONE (1) SET OF SPECIFICATIONS IN SUFFICIENT DETAIL TO SHOW WHAT WORK IS INTENDED TO BE DONE AND HOW IT WILL CONFORM TO ALL APPLICABLE CODES AND ORDINANCES OF THE CITY OF LONGVIEW, TEXAS.

FIRE FLOW DATA MUST ACCOMPANY PLAN REVIEW WHEN APPLICABLE.
PROFESSIONAL SEALS MUST BE ON PLANS WHEN REQUIRED BY CODES AND STATE LAW.

I UNDERSTAND BY PLACING MY SIGNATURE BELOW THAT THIS IS AN APPLICATION FOR PLAN REVIEW ONLY. I FURTHER UNDERSTAND THAT THIS APPLICATION DOES NOT REPRESENT AN APPLICATION FOR A BUILDING PERMIT AND THAT APPROVAL OF PLANS SUBMITTED FOR PLAN REVIEW DOES NOT REPRESENT APPROVAL OF A BUILDING PERMIT.

APPLICANT'S SIGNATURE: _____

DATE: _____ EMAIL: _____

OFFICE USE ONLY

PLAN REVIEW FEE: _____

CHECK / CASH: _____

DATE: _____

ENTERED BY: _____

PLAN REVIEW FEE: 1/3 OF TOTAL
BUILDING PERMIT
FEE